

DC Department of Youth Rehabilitation Services

Volunteer Application

**DYRS Office Only**

Approved for Appointment Y____ N____

Approved by _____ Date _____

Last Name	First Name	Middle Name
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Dr. <input type="checkbox"/> Rev. <input type="checkbox"/> Other _____		

Home Address

Street Address	Apartment Number	
City	State	Zip Code

Have you ever served as a volunteer or employee with DYRS?

☐ NoYes ☐

If yes, at which facility and in what year? _____

In what capacity? _____

Home Phone Number ()	Business Phone Number ()	E-Mail Address
Cell Phone Number ()	Fax Number ()	Education (check all that apply) <input type="checkbox"/> Currently attending High School <input type="checkbox"/> High School graduate/GED <input type="checkbox"/> Currently attending college <input type="checkbox"/> Undergraduate degree Major _____ <input type="checkbox"/> Graduate/Seminary degree Major _____
May we contact you at work? No <input type="checkbox"/> Yes <input type="checkbox"/>		
Personal Information		
Social Security Number	Driver's License Number	
Spouse's Name (if married)		
Maiden Name (if married)		

Employment Information

I am: ☐ Employed Full-time
☐ Employed Part-time
☐ Unemployed
☐ Retired
☐ Student
☐ Age 18 or older

Employer's Name (or School)

Occupation

My employer offers a

☐

time-off program for volunteers

☐

a donation matching program

Street Address	Department/Suite Number		
City	State	Zip Code	Supervisor's Name

Emergency Contact In the event of an emergency please notify:

Name and relationship	Home Phone Number ()	Alternative Phone Number ()
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Criminal Record Check

Have you ever been convicted of a felony or misdemeanor? ☐ Yes ☐ No

Are you currently charged with a felony or misdemeanor? ☐ Yes ☐ No

A criminal record check is conducted for potential volunteers who will serve for longer than six weeks. (There is not a distinction for the time frame of a volunteer as it relates to criminal background checks under the code. All volunteers in unsupervised positions must have a criminal background check. D.C. Official Code § 4-1503.03(2006 Supp). If you answered yes above, briefly describe the circumstances of your conviction or current charges, indicating the date, nature, and place of the offense and disposition of the case. Applicants who have been convicted will not be allowed to volunteer without approval of the Program Administrator.

Circumstances

References: Please list three people other than relatives who are willing to serve as personal references.

1	Last Name		First Name		Relationship	
	Street Address		City, State		Zip Code	
	Home Phone Number ()		Business Phone Number ()		Email Address	
2	Last Name		First Name		Relationship	
	Street Address		City, State		Zip Code	
	Home Phone Number ()		Business Phone Number ()		Email Address	
3	Last Name		First Name		Relationship	
	Street Address		City, State		Zip Code	
	Home Phone Number ()		Business Phone Number ()		Email Address	

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING YOUR NAME IN THE SPACE INDICATED.

- I certify that the statements made in this volunteer application are true and correct and have been given voluntarily.
- I understand that this information may be disclosed to any party with legal and proper interest, and I release the agency from any liability whatsoever for supplying such information.
- I agree that any written or oral misrepresentation in making this application is just cause for dismissal.
- I understand that a criminal record check will be conducted and that a traffic record check will be conducted if my volunteer position requires me to drive a motor vehicle to transport children.
- I understand that a child protection registry check may be performed and agree to sign a written consent/authorization for the release of information from the jurisdiction in which I reside and jurisdictions of my prior residence.
- I hereby authorize DYRS to contact the references listed on this application for work and character references and hereby release such companies and persons from any liability for the information supplied.
- I understand that I will not be paid for my services as a volunteer.

Applicant's Signature:

X

Date:

Volunteer Interest

Last Name

First Name

Medical Information

Do you have any medical conditions that would affect your ability to perform your volunteer duties, or that the Volunteer and Program Office should be aware of?

☐ Yes ☐ No

If yes, please explain:

At which facility would you like to volunteer? ☐ Oak Hill Youth Center ☐ Youth Services Center

Availability

Please enter the times you are available for a volunteer assignment:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
to	to	to	to	to	to	to

Statistical Information

The following information is required to conduct background check and will be used for statistical analysis.

Date of Birth

Month: Day: Year:

Gender _____ Race/Ethnic Origin _____

Marital Status Married ____ Single ____ Divorced ____ Widowed ____

How did you hear about District of Columbia Department of Youth Rehabilitation Services volunteer opportunities?

Special Skills, Training/Experience, Talents

Please check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Spanish Speaking | <input type="checkbox"/> Business/Banking |
| <input type="checkbox"/> Mentoring/Youth Development | <input type="checkbox"/> Clergy/Ministry |
| <input type="checkbox"/> Math/Science | <input type="checkbox"/> Education |
| <input type="checkbox"/> Newsletter/Written Communication | <input type="checkbox"/> Law Enforcement/Judicial |
| <input type="checkbox"/> Office/Clerical/Computer | <input type="checkbox"/> Media/Newspapers |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Medical/Medicine |
| <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Military Background |
| <input type="checkbox"/> Arts/Drama/Dance | <input type="checkbox"/> Counseling/Social Work |
| <input type="checkbox"/> Musical Ability | <input type="checkbox"/> Sales/Marketing |
| <input type="checkbox"/> Sports/Athletic | <input type="checkbox"/> Resource Development |

Certifications/Licenses

Other skills, training, and talents

Your Preferences for Volunteer Work

Please check all areas that you are interested in serving:

- | | |
|---|---|
| <input type="checkbox"/> Mentor | <input type="checkbox"/> Holiday/Birthday Celebrations |
| <input type="checkbox"/> Tutor | <input type="checkbox"/> Music/Art/Entertainment |
| <input type="checkbox"/> Religious Services | <input type="checkbox"/> Career/Job Training |
| <input type="checkbox"/> Pen Pal | <input type="checkbox"/> Group Leader (Support/Education) |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Educational Aide |
| <input type="checkbox"/> Sports/Recreation | |
| <input type="checkbox"/> Resource Development | |
| <input type="checkbox"/> Intern/Field Practicum | Other: _____ |

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*Please provide the explanation for decision: